

AFFIDAVIT OF CORRECTION TO BIRTH RECORD

File Date 1/12/15 SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

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Enter Correct Information Concerning Person Whose Birth Record is Being Amended	REGISTRANT'S FULL NAME AT BIRTH			STATE FILE OR BIRTH NUMBER		
	JOHN MCCLAIN FORD			139-15-002449		
ITEMS TO BE AMENDED OR CORRECTED	BIRTH DATE	Month January	Day 7	Year 1915	BIRTH PLACE	City or Town York County South Carolina State
	ITEM OMITTED OR IN ERROR			BIRTH CERTIFICATE SHOWS		
	Given name			John McLain Ford		
	Birthdate			Jan -- 1915		
			SHOULD BE			January 7 1915
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT				RELATIONSHIP	
	SIGNATURE OF PARENT (OR OTHER)				Self	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON			SIGNATURE OF NOTARY		NOTARY COMMISSION EXPIRES
	December 10 19 79			Judith A. Harrison		November 23 19 86
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT:				RELATIONSHIP	
	SIGNATURE OF PARENT (OR OTHER)					
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON			SIGNATURE OF NOTARY		NOTARY COMMISSION EXPIRES
						19

DO NOT WRITE BELOW THIS LINE

ABSTRACT of Supporting Evidence (for health dept. use)

NAME AND KIND OF DOCUMENT (INCLUDING BY WHOM ISSUED AND DATE OF ISSUE)			DATE ORIGINAL DOCUMENT WAS MADE
1	Drivers License Record (N. C. Dept. Motor Vehicles) Raleigh, N. C.		December 15, 1969
2	Drivers License Record (N. C. Dept. Motor Vehicles) Raleigh, N. C.		December 15, 1969
3			
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE			
1	John McClain Ford (1/7/15)		
2	John McClain Ford (1/7/15)		
3			

DHEC No. 613

Rev. 2/75

ADDITIONAL INFORMATION		ASSISTANT STATE REGISTRAR	EVIDENCE REVIEWED BY	DATE FILED
I certify that I have examined the documents referred to above, that they show no changes or erasures, and appear to be authentic.		Anna M. Owens	Judith A. Harrison	12/12/79

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